

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only
International Application No.
International Filing Date
Name of receiving Office and "PCT International Application"
Applicant's or agent's file reference: C1005/7008WO (if desired) (12 characters maximum)

Box No. I	TITLE OF INVENTION METHODS AND DEVICES FOR OBTAINING NON-HEMATOPOIETIC LINEAGE CELLS FROM HEMATOPOIETIC PROGENITOR CELLS	
Box No. II	APPLICANT	
Name and address: <i>(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>		<input type="checkbox"/> This person is also inventor.
CYTOMATRIX, LLC 100 Inman Street Cambridge, Massachusetts 02139-1206 United States of America		Telephone No. Facsimile No. Teleprinter No.
State (that is, country) of nationality: US		State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Box No. III	FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: <i>(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
PYKETT, Mark J. 15 Sheridan Street West Newton, Massachusetts 02165 United States of America		
State (that is, country) of nationality: US		State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.		
Box No. IV	AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative		
Name and address: <i>(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i>		Telephone No. 617 720-3500 Facsimile No. 617 720-2441 Teleprinter No.
GATES, Edward R. Wolf, Greenfield & Sacks, P.C. 600 Atlantic Avenue Boston, Massachusetts 02210 United States of America Address for correspondence		
<input type="checkbox"/> Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.		

Continuation of Box No. III

FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

If none of the following sub-boxes is used, this sheet is not to be included in the request.

Name and address: *(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

ROSENZWEIG, Michael
11 Jefferson Street #2
Boston, Massachusetts 02116
United States of America

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only *(If this check-box is marked, do not fill in below.)*

State (that is, country) of nationality: US

State (that is, country) of residence: US

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☒ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: *(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

BANU, Naheed
10 Village Way
Brookline, Massachusetts 02445
United States of America

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only *(If this check-box is marked, do not fill in below.)*

State (that is, country) of nationality: US

State (that is, country) of residence: US

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☒ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: *(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only *(If this check-box is marked, do not fill in below.)*

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☐ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: *(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only *(If this check-box is marked, do not fill in below.)*

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☐ the United States of America only☐ the States indicated in the Supplemental Box☐ Further applicants and/or further inventors are indicated on another continuation sheet.

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☐ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment is desired, specify on dotted line)

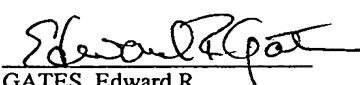
National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|---|---|
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> LS Lesotho |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> LT Lithuania |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> LU Luxembourg |
| <input checked="" type="checkbox"/> AU Australia | <input type="checkbox"/> LV Latvia |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> MD Republic of Moldova |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input type="checkbox"/> MG Madagascar |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input type="checkbox"/> BG Bulgaria | |
| <input type="checkbox"/> BR Brazil | <input type="checkbox"/> MN Mongolia |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> CA Canada | <input type="checkbox"/> MX Mexico |
| <input type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> CN China | <input type="checkbox"/> NZ New Zealand |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> GB United Kingdom | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> GD Grenada | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> GE Georgia | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> GH Ghana | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> GM Gambia | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> HR Croatia | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> HU Hungary | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> IL Israel | <input type="checkbox"/> UG Uganda |
| <input type="checkbox"/> IN India | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> IS Iceland | <input type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> JP Japan | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> KE Kenya | <input type="checkbox"/> YU Yugoslavia |
| <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> ZA South Africa |
| | <input type="checkbox"/> AE United Arab Emirates |
| <input type="checkbox"/> KR Republic of Korea | |
| <input type="checkbox"/> KZ Kazakhstan | |
| <input type="checkbox"/> LC Saint Lucia | |
| <input type="checkbox"/> LK Sri Lanka | |
| <input type="checkbox"/> LR Liberia | |

Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:

☐ All States party to PCT as of International Filing Date

In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Box No. VI		PRIORITY CLAIM		Further priority claims are indicated in the Supplemental Box <input type="checkbox"/>	
Filing date of earlier application (day/month/year)	Number Of earlier application	National application: country	Where earlier application is: regional application: * regional Office international application: receiving office		
item (1) 23 September 1999 (23.09.99)	60/156,031 ✓	US			
item (2) 10 July 2000 (10.07.00)	60/217,438	US			
item (3)					
<input checked="" type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): <u>1,2</u>					
<p>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.</p>					
Box No. VII INTERNATIONAL SEARCHING AUTHORITY					
Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA / EP			Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Search Auth.):		
			Date (day/month/year)	Number	Country (or regional Office)
Box No. VIII CHECK LIST					
This international application contains the following number of sheets:			This international application is accompanied by the item(s) marked below:		
request	: 04	1. <input checked="" type="checkbox"/>	fee calculation sheet		
description (excluding sequence listing part)	: 34	2. <input type="checkbox"/>	separate signed power of attorney		
claims	: 03	3. <input checked="" type="checkbox"/>	copy of general power of attorney; reference number, if any:		
abstract	: 01	4. <input type="checkbox"/>	statement explaining lack of signature		
drawings	: 3	5. <input type="checkbox"/>	priority document(s) identified in Box No. VI as item(s):		
sequence listing part of description	: 1	6. <input type="checkbox"/>	translation of the international application into (language):		
Total number of sheets:	46	7. <input type="checkbox"/>	separate indications concerning deposited microorganisms or other biological material		
		8. <input checked="" type="checkbox"/>	nucleotide and/or amino acid sequence listing in computer readable form		
		9. <input checked="" type="checkbox"/>	other (specify): postcard, transmittal letter		
Figure of the drawings which should accompany the abstract: 1			Language of filing of the international application: English		
Box No. IX SIGNATURE OF APPLICANT					
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).					
 GATES, Edward R.					
For receiving Office use only					
1. Date of actual receipt of the purported international application:			2. Drawings <input type="checkbox"/> received <input type="checkbox"/> not received		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:					
4. Date of timely receipt of the required corrections under PCT Article 11(2)					
5. International Searching Authority specified by the applicant: ISA /					
			6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid		
For International Bureau use only					
Date of receipt of the record copy by the International Bureau:					

PCT

FEE CALCULATION SHEET

Annex to the Request

For Receiving Office use only

International application No.

Date stamp of the receiving office

Applicant's or agent's
file reference C1005/7008WO

Applicant
CYTOMATRIX, LLC, ET AL.

CALCULATION OF PRESCRIBED FEES

- | | | |
|--------------------------|--------|---|
| 1. TRANSMITTAL FEE | 240.00 | T |
| 2. SEARCH FEE | 925.00 | S |

International search to be carried out by EP
(if two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE
Basic Fee

The international application contains 46 Sheets.

first 30 sheets	427.00	b ₁
16	x	10.00 =
	160.00	b ₂

remaining sheets additional amount

Add amounts entered at b₁ and b₂ and enter total at B 587.00 B

Designation Fees

The international application contains 6 designations.

6 x 92.00 =

552.00 D

number of designation fees amount of
payable (maximum 10) designation fee

Add amounts entered at B and D and enter total at I 1139.00 I

Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

- | | | |
|------------------------------------|-------|---|
| 4. FEE FOR PRIORITY DOCUMENT | 30.00 | P |
| 5. TOTAL FEES PAYABLE | | |

Add amounts entered at T, S, I and P, and enter total in the TOTAL box 2334.00

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

- | | | |
|--|---|---|
| <input type="checkbox"/> authorization to charge | <input type="checkbox"/> bank draft | <input type="checkbox"/> coupons |
| deposit account (see below) | <input type="checkbox"/> cash | <input type="checkbox"/> other (specify): |
| <input checked="" type="checkbox"/> cheque | <input type="checkbox"/> revenue stamps | |
| <input type="checkbox"/> postal money order | | |

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ US

☐ is hereby authorized to charge the total fees indicated above to my deposit account.

☒ is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

☐ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International

Bureau of WIPO to my deposit account.

23/2825

Deposit Account Number

22/9/2000
Date (day/month/year)

Signature Edward R. Gates
GATES, Edward R.